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Form PTO/SB/08A	Complete if Known		
	Application Numb r		
INFORMATION DISCLOSURE	Filing Date		
STATEMENT BY APPLICANT	First Nam d Inv nt r	Sigurd Sigbjørnsen	
(use as many sheets as necessary)	Gr up Art Unit	2133	
(doe as many shoots as necessary)	Examiner Name	•	
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Examiner Milia Khushuwodi	Date Considered	5/17/2005
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